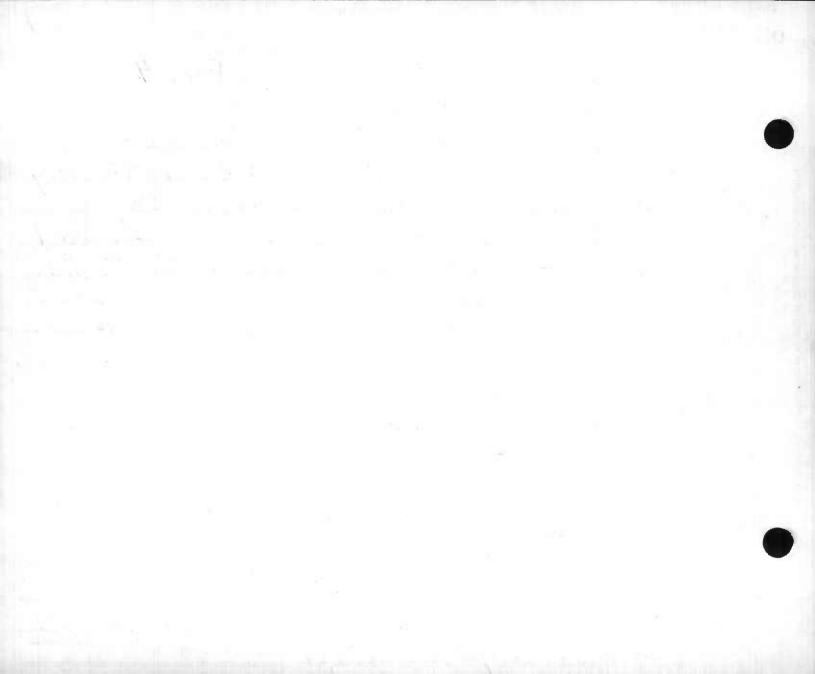
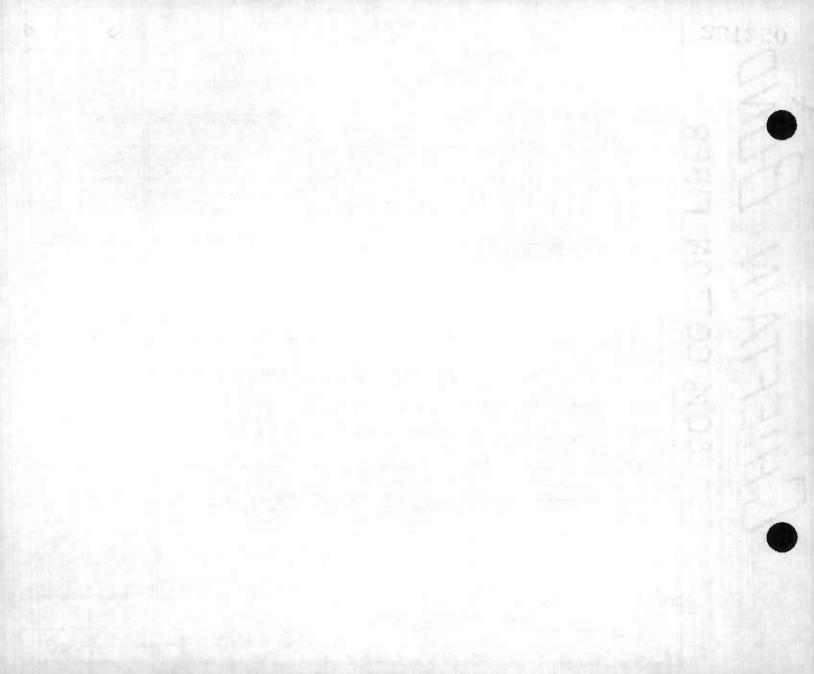
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATO REGISTRAR DECEASED NAME FIRST 20 DATE KNOWN (TYPE OR PRINT) OF ESTI Fav Arnold Janet DEATH MATED 2-10-869 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE S DATE OF BIRTH 2d HOUR DATE BIRTHDAY PRONOUNCED Female Feb. Cauc. 2-10-86 10PM DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. New Jersev DIVORCED WIDOWED Worcester County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Receptionist 719-142 St. Apt. 235-B Resort Ocean City 21842 13g STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Ocean City 142St. Worcester Apt 235-B Marvland YESE NO A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Lois MIDDLE Arthur Whitmore, Jr. King 166. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Father) 7035 GulforHighland Dr. LYES, NO. OR UNKNOWN Mr. Atthur Whitmore, Jr. PortRichey 146-32-4140 no FIA . 33566 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY Seizure disorder IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) A BL CERTIFICATION USED AS INER: 1770-ICATE, WRITING THE WORLD F FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A! THE STATE DEPARTMENT OF HEA! 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES [] NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC HOW INJURY OCCURRED GENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 TIE PLACE OF INJURY (AT HOME, II. LOCATION STREET FACTORY FARM FIC Y STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion Hamicide Undetermined manner TITLE (SPECIFY) SIGNED 2-10-86 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M. Dores TYPE OR PRINT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY COUNTY STATE Hudson Gardong | MUUSUIT | 1250 | REGISTRAR'S SIGNATURE Buria Grace Mem. 07/84 25M 24. FUNERAL DIRECTOR Barnes 21018 **DHMH - 17** Fleming Funeral Service Benson, (VR A15 ME (5)) Md

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 052122 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 2b. HOUR (TYPE OR PRINT) William Charles 86 Birch 02 09 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 2 + HRS 26 Caucasian 1904 Male TE BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Worcester Maryland U.S.A. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR E. Biscayne Drive retired from E.S. Adkins Co Ocean City 3.9004 E. Biscayne Dr.,21842 Ocean City Maryland Worcester 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles Sall'ie Birch Ha 11 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Charles D. Birch, 36 S. Main St., NO NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 214-12-6886 19934 Camden. DE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY: al IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse 10', stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 80 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ETC) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Wilber Ellis, Jr., M.D. 100 Power St., Salisbury, MD 21801 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY Burial Evergreen Cemetery Berlin MD 2/11/86 Worcester 24 FUNERAL DIRECTOR ALL REAL THOUSE GISTRAR SHREG FRAR'S SIGNATURE 108 Williams Street DHMH - 16 60M 7/B4 W. Kirk Burbage, (VRA 15, 4) Berlin, MD 21811



065184	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	rgiene 8	6 REG. NO	0	6 4	19
		CEASED NAME	FIRST	1 1 1 1 1	MIDDLE		AST	2a. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
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Poges Jo		VAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	13	14 ADDRE	ss	ster S	treet
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nding corbo			IMMEDIATE		R AS A CONSEQ	JENCE OF	1 1	^				Yalle
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offer this certification of the burial-th ond Mento	MEDICAL	214 INJURY OCCU	RRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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O an U and the Ho		RC S		NACEN	_ mn		Po Box	25	Poco	mok	CE M	v).
5 5 6 8 8 4	23a. I	BURIAL, CREMATION	, REMOVAL	4	4 4		EMETERY OR CREMATORY	23d. LO	CATION		COUNTY	STATE
BP		Burial	Tiel	2/2	22/86 J	ohn W	.Taylor Me	m. Lem	peran		lle Ac	c. Va
DHMH-16 30M 2/80	24 F	INERAL DIRECTOR	nola		D ADDRESS	l==	25a. D	ATE REC'D. B	REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE

STATE OF MARYLAND

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		CEASED NAME	FIRST	MII	DDLE		AST		20. DATE OF DEATH	MONTH	DAY YE.	AR 2b H	OUR	
eoth 3	,,,,,		ALE		A.	BR	MENTA		Mark Barry	2	2 8	5 7	:18P	
- D D	3 SE			RACE		5. DATE O	OF BIRTH	Mr. El	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I	YEAR IF UN	IDER 24 HRS	
age 4		FEMALE		BLACK		2	9	21	64	YRS		ATS HOU	AS MIN.	
1 能35		RTHPLACE (STATE OR FOR COUNTRY)	EIGN 7	USA	HAT COUNTRY	MARRIE WIDOWI	NEVER							
H 197	10. ⊂	TY OR TOWN OF DEATH	1 1	1. NAME OF HO	FACILITY, GIVE STREE	NG HOME (120 USUAL OCCUPA	T OF WORKING	12b. KII INDUS	ND OF BUS	INESS OF	
1 5 8			HOME OR C	BERLIN NURSING HOME HOUSEWIFE "ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)										
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1 記的的人	14. FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER	LAST						
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Poges America		VAS DECEASED EVER IN VES., NO OR UNKNOWN)		ED FORCES? 1	66 SOCIAL SEC 214 12 5		Maggi	e Blak	ke, Rt. 1 Box 280, Bish					
1 04 1		18 CAUSE OF DEATH	Enter only	ane cause per la	ne far (a), (b), a	nd ici			1		AP BETW	PROXIMATE II	NTERVICE A	
1		PART I. DEATH WAS		BY: CAUSE (a)	Con	dio	Rest	>- Mar	201					
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No o o o	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED		P.M.		19	21f LOCATI	ON						
the state of the s	M.	WHILE NOT WHILE		(AT HOME STREE	T, FACTORY, OFFICE,	FARM ETC)	STREE	0/2	CITY OR	TOWN	COUNT	Y	STATE	
TENDIN riot or 108. At 17 Health		220.1 certify that (I) (the saw the deceased	alive an		19	16-0	2 d and that in (my	(aur) apinion	death occurred an the	date and h	aui and from	the cause:	It (we) las	
AL OR AT the hosp AL DIREC Seluched Form Tr. # hem.2		abave, (1) (We) (did) (did not) view the body after death. 22b. SIGNATURE DEGI							MEDICAL ST			ATE SIGN		
CO HOSPIT entired by TO FUNE should be with the Sit		PHYSICIAN'S NAM					22e ADDRES	SS	T, BERLIN		21811			
O F F S M		URIAL, CREMATION, RE	MOVAL	23b DATE		NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY		STATE	
BP		Burial		2/8/86	5 Cr	irtis	Ceme	terv	Bishop	ville	Md.			
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR	- W	ton	MADDRESS A	have	. 1)	250. DAT	E REC'D. BY REGISTRA	AR 25b. REGI	STRAR'S SIG			

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SALISBURY, MD.

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STATE OF MARYLAND

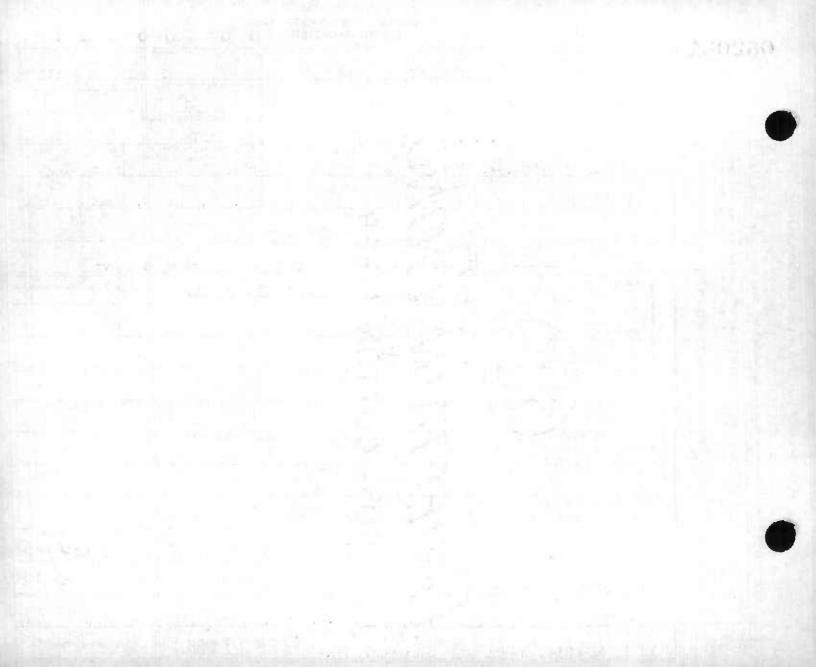
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 30M 2/80

(VRA 15, 4)

JOLLEY MEMORIAL CHAPEL



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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noy be	page 3

uner must be notified of once. RECTOR: After this certificate has been signed by the attending pilyscraft and completed for use as the burial-transit permit. Then please remave corremonant. Figs 1 and pt of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR retained by the h	TO FUNERAL DIR	should be detoch	with the State De	IMPORTANT: IF HE	
BP.	_	_		_	
DHMH	- 10 RA			7/	8

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1-	FOR STATE REGISTRAR		DEPAI			8 6	6	1 2	2 2			
	CEASED NAME FIRST	۸	AIDDLE	U	151	20 DATE OF DEATH	MONTH	DAY YEA	R 2b.	HOUR		
	Raymond	l	_ee	D	ennis		02	09 86				
3. SE)	(4. RACE				6. AGE (IN YEARS LAST BIR	THDAY)			UNDER 24 HRS		
N	lale	Caucas	sian	04	19 1916	69	YRS.					
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY C	BALTIMORE CITY OR COUNTY OF DEATH					
	/irginia	U.S.A	1.			Worcester						
W	V. Ocean City	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH MODEL Lee Dennis 1. DATE OF DEATH MODEL 1. DATE OF DEATH MODEL CAUCASIAN MODEL CAUCASIAN MODEL CAUCASIAN MODEL L. D. DATE OF DEATH MODEL CAUCASIAN MODEL CAUCASIAN MODEL CAUCASIAN MODEL CAUCASIAN MODEL CONN OF DEATH U. S. A. MODEL MO	FACILITY, GIVE STREET ADDRESS)			(TYPE OF WORK FOR STOS WORKER IS IFE) INDUSTRY						
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14 FA	THER'S NAME	MIDDLE	LAST						LAST			
) C	eorge	Claren			Ella	May				S		
160 V	VAS DECEASED EVER IN U.S.											
Y	es W	WII	212-16-	7921	Bob Taylor	, Ocean Cit	y, M					
CERTIFICATION	PART 2 OTHER SIGNIFICAN	DUE TO, OF	PAS A CONSEC COMP DITRIBUTING T	DUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YE	VEN IN PAR S, WERE FIN IFYING CAU	NDINGS ISES OF	DEATH?		
	OR CONTRIBUTING CAUSE OF	110110 4		DAY YEAR	THE HOW INJURY OCCUR	CED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART	2)			
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	sow the deceased alive	on	19	86 . on		, to	ote and ha		the cous	ses stated		
	224 PHYSICIAN'S NAME (11	A JOHN	Tian		PHYSICIAN [2	101	86		
	William H. F	Robins, M				ivic Ave.,	Salisl	bury.	MD	21801		
23a. B	URIAL, CREMATION, REMOV	AL 23b. DATE			METERY OR CREMATORY	23d LOCATION				3.4.4		
B	Burial	2/12/8	6	rankli	n Cemetery	Greenbac	kville	COUNTY		VA.		
24 FL	INERAL DIRECTOR	108 W	illiams	Street		E REC'D. BY REGISTRAR	15h. REGIS	TRAKSSIG	NATURE			
W	. Kirk Burba	ge Ber	lin, MD	21811	- EB	1.41998	Sie K		'n.			



pletely filled in by the funeral director, page 3 nd 2 should be filed within 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	0	U	0	44	La	9
	REG. NO.			- 100	100	

1. DECEASED NAME FRST MIDDLE LAST PROPERTY PROPERTY PROPERTY	2b HOUR 8:30 Am
Eldridge Farren 2 3 86 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS Male White 1 6 11 75 YRS. White Country: 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
3. SEX Male White S. DATE OF BIRTH MONTH DAY 1 6 11 75 YRS. 1 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED PARTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	IF UNDER 24 HRS
Male White 1 6 11 75 YRS. In BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) B MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY OF DEATH	HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED XNEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	HOURS MIN.
	MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND O	F BUSINESS OR
Berlin Berlin Nursing Home, Berlin, MD (ITPE OF WORK FOR MOST OF WORKING LIE) INDUSTRY Poul	+ 222
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	LLY
136. STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE P.O. Box 1, Showell, M	D 21862
14 FATHER'S NAME IS MOTHER'S MAIDEN NAME	
Thomas Henry Farren Mary Crowder Farren	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 233-28-2072 Ella M. Murphy W. Mt. Verne	on St.
3 myrna, Dano	MATERIN PER VAL
PART I. DE ATH WAS CAUSED BY:	JNSE! AND DEATH
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10	
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196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES NO YES 216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
IN CERTIFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH	
White NOTWHITE	STATE
220 I certify that (I) (this hospital) perended the deceased from 12 5 19 6 to 2 - 3 19 6	4
	mat (1) (we) lost
sow the deceased alive an 19 and that in (my) (our) opinion death occurred on the date and hour and from the	couses stated
sow the deceased alive an 19 , and that in (my) (our) opinion death occurred on the date and hour and from the above, (1) (we) (did) (did not) view the body after death.	
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sow the deceosed clive an obove, (h (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3 Bay Street, Berlin, MD 21811 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23e NAME OF CEMETERY OR CREMATORY (SPECIFY) 23d. LOCATION CITYOR TOWN COUNTY	SIGNED
sow the deceosed clive on solve, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE 22c. DATE 22c. DATE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. ADDRESS Dr. Federico Arthes 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION	SIGNED .

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rer with the State Dept. of Health and Mental Hygiene prior to burial, crem

IMPORTANT: If Item 21 is marked or Item 18 shows

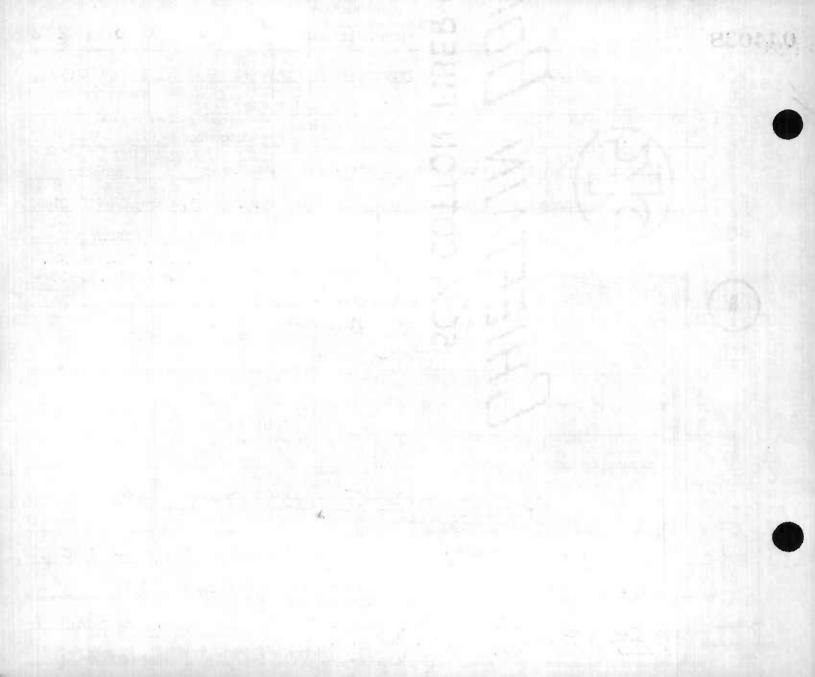
OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the hospital or attending physician

(VRA 15, 4)

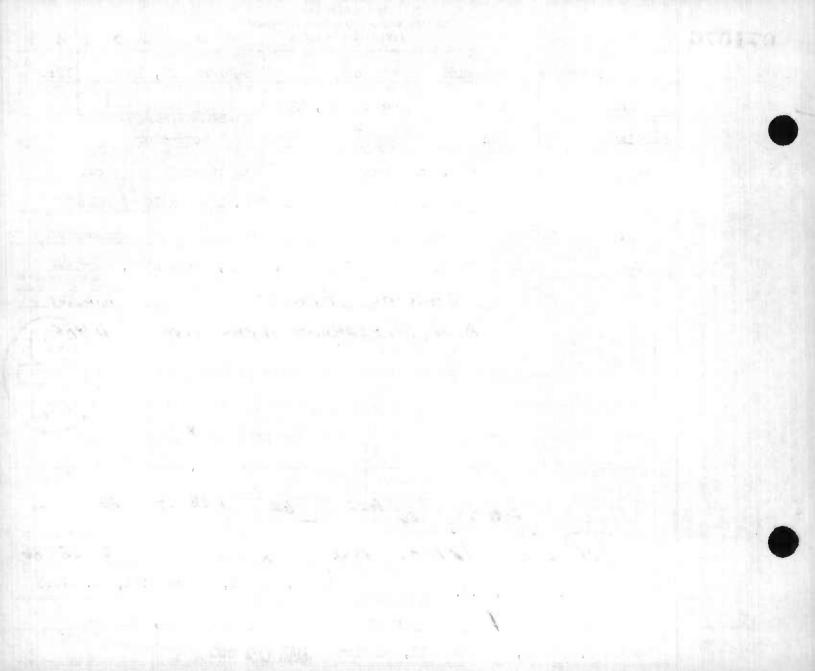
Smyrna, Del. 199771 1000



Snow Hill. Maryland

(VRA 15, 4)

Norman F. Dennis,



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3
should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed withyrs/2 hours offer death
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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1199	1 -	FOR STATE REGISTRAR			DEPARTM		ALTH AND M	EATH	IENE &	S 6	0	6	4 2	5
		CEASED NAME	FIRST	MID	OLE	LAS	Ţ		20 DATE	OF DEATH	MONTH C	AY YEAR	26 HOU	JR
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er p	3 SE)	(4	RACE		5 DATE OF	BIRTH	YEAR	6 AGE IN	YEARS LAST BIRT		IF UNDER 1 YEAR		24 HRS
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by the fu	-	comoke Ci	. 4		SPITAL, NURSIN ACILITY, GIVE STREET I				Ret.		on Eworking Life Servi	INDUSTR'	OF BUSINE	ESS OR
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should b		Robert B						Oth St.						
899	B	URIAL, CREMATION, RI	EMOVAL	236 DATE 23-86	36	hn Tay	wetery or c	netery		peranc				f-TATE
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PETIT ST Net Eyil sayica Gleth noth Things towner Visiting 1-15 John Toylun Jenetry Teneranceville, Vinginia

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

18 1986

5: 30PM

STATE

IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

WORCESTER

12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

TELL OPER

MIDDLE

THRNER

ADDRESS

Mrs. Nichoias Carter Atiantic, Virginia23303

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF

CITY OR TOWN

, and that in (my) (aur) apinion death occurred on the date and havi and from the causes stated 771 DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

Rt. 3 Box 12 A Berlin, Md. 21811

Burlal Parksley Cemetery Parksley 24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA Parkslev

(VRA 15, 4)

065190

REGISTRAR

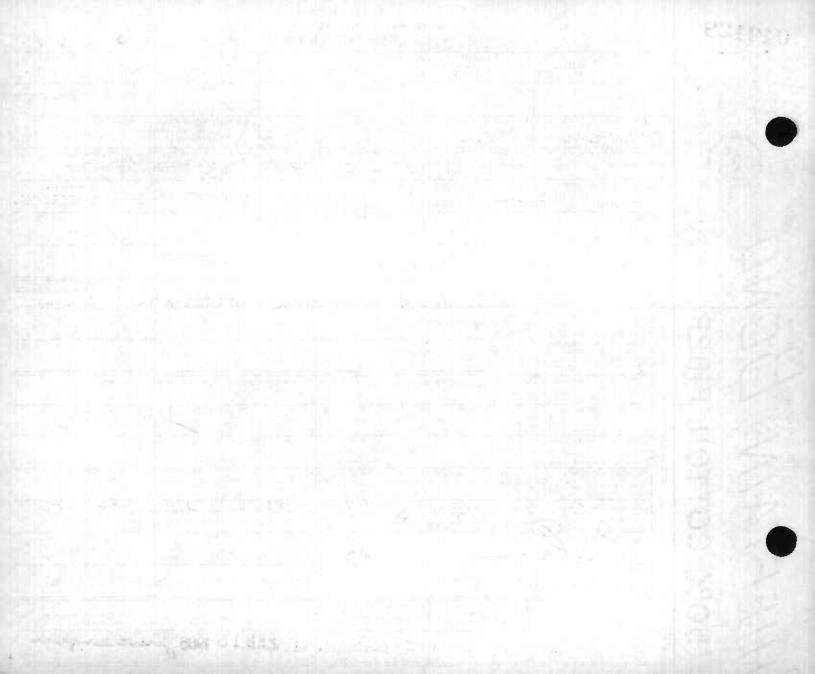
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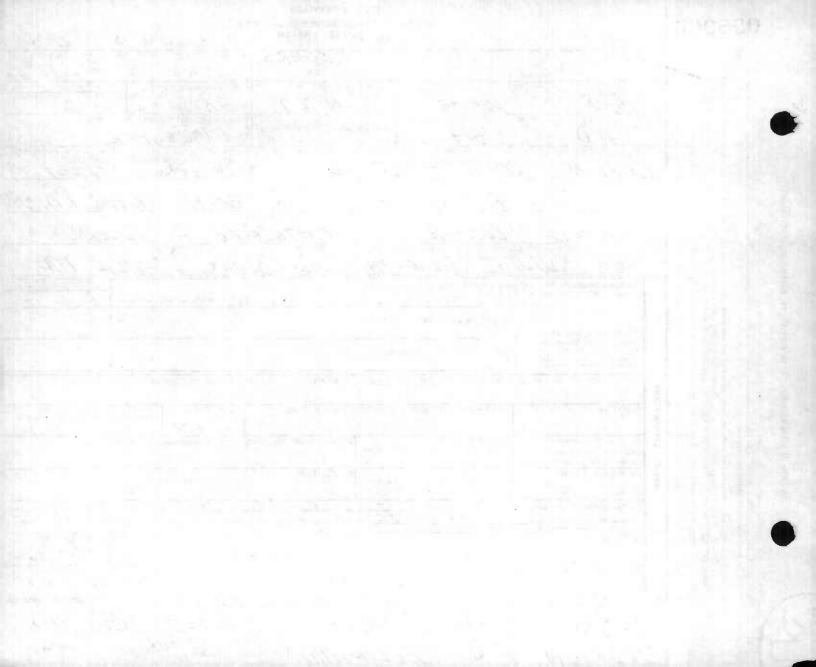
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#17.per F.H. 2/20/86 kam



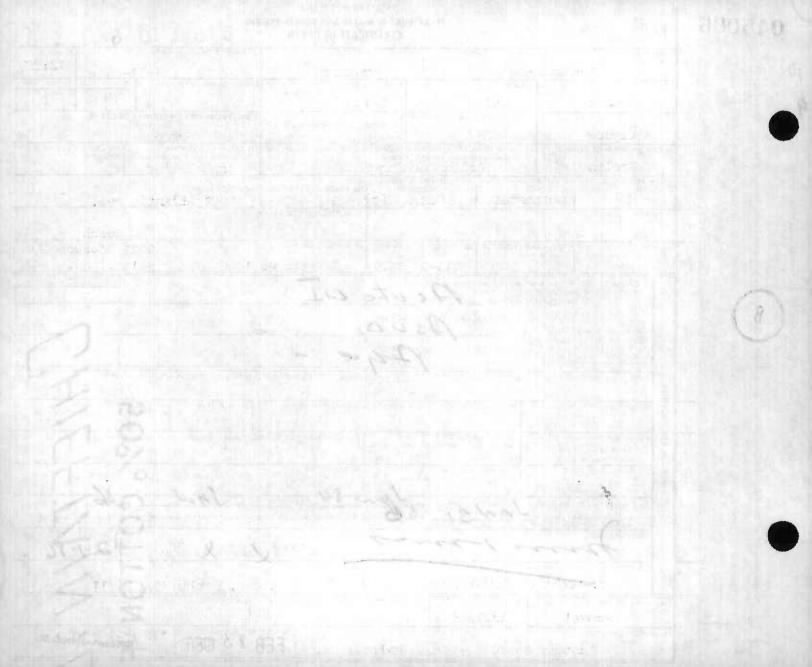
	055066	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 6	0 6 4 2 8
	4 31 8	I. DE	CEASED NAME FIRST ORPRINT) William	MIDDLE	ROGERS Rogers	REG. NO 20. DATE OF DEATH M	16 1986 12 A M
2	age 4 may rrectar, par urs after le	3. SE	MALE	RACE WHITE	5. DATE OF BIRTH MONTH 3-8-27	6 AGE JIN YEARS LAST BIRTHI	MONTHS DAYS HOURS MIN
	funeral d ithin 72 ho	C	OUNTRY) MD;	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED G HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR WORKES 124 USUAL OCCUPATION	STER MD.
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BALTIMORE, MARYLAND 21201	in 24 filled thould must	136. 3	ATHER'S NAME	OR BERL		BOX 17-	TRAPPE RD, 2184
E, MAR	P E S C			DE COOPER AST DE FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	PINE MIDDLE.	Katoles
ALTIMOR	ician and cress. Pages	1	YES, NO OR UNKNOWN) (IF YES, GIVE W	IL 218-20-	111 12 13 146	GERS, /	SELW, MD, BETWEEN ONSE INTERVAL BETWEEN ONSE T AND DEATH
:	ertifical g physion pap emova event,		PART I. DEATH WAS CAUSED I	cause per line for (a), (b), one BY: CAUSE (a) Mefas for	tic Carcinoma	of Stona	1 0 11
PRESTOR	the death ce the ottendin remove corb emotion, or r		Conditions, if any, which gave rise to immediate cause (a), stating the	(b) DUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE			
S, 301 W	es that ned by please vrial, cr y, or ath	z	underlying couse lost. PART 2. OTHER SIGNIFICANT CO	(c)	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	ow ramit.	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO N
N OF VIT	NDING PHYSICIAN. The I all or attending physician. R. After this certificate has use as the burial-transit pertealth and Mental Hygiene is marked or them 18 shows is marked at them.	MEDICAL CER	? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	21c. HOW INJURY OCCURR 19	ED (ENTER NATURE OF INJURY	IN (TEM 18, PART 1 OR PART 2)
DIVISIO	NING PHY ar affer this s as the builth and M narked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Spite Spite CTO I far of h		22a.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not) v	Jan. 28 19	Toly 15, 19 85 86, and that in (my) (aur) apinion of DEGREE	to Feb. 16 death accurred on the date	e and hour and from the causes stated
	iff AL C		22d. PHYSICIAN'S NAME TYPE OR PR	mi)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF	AND 2/17/86
	TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT:	230 B	James E. /	Martin, M.O 236 DATE 1236 N	AME OF CEMETERY OR CREMATORY	123d LOCATION	, Salisbury, MO.
	DHMH-16 60M 1/73		BERAL DIRECTOR	2-19-86 E	VERGREEN	BERLIN	LEGISTRARS SIGNATURE
	(VR A 15 (4))	1	126RICH	F. H. 199	RLIN, MO, TEB.	40 1986 42	a discussion forder



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 055113 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR REG. NO 1. DECEASED NAME FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Gregory D. Schoolfield 19 86 0020 2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS
IL RECORDS, 201 W. PRESTON STREYT, 4. RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 13 Male 10 60 25 Black DEAD 1986 0110 76. CITIZEN OF WHAT COUNTRY? 8 BIRTHPLACE STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN CONN MARRIED X NEVER MARRIED Worcester DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME 126. KIND OF BUSINESS Showell at Jarvis Road 13d INSIDE CITY LIMITS? 13e STREET ADDRES 15. MOTHER'S MAIDEN NAME MIDDLE DIVISION OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Trauma IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION BE USED A 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES -PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARKYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 1986 auto struck by truck 214 INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION STREET, FACTORY, FARM, ETC } AT WORK AT WORK WHILE street Jarvis Rd. Showell. Worcester, Md. 228 I certify that I took charge of the remains described above, held on Inquiry X ond in my opinion death resulted from: Notural couses Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Deputy 2-13-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John ADDRESS Salisbury. (TYPE OR PRINT) Maryland 07/84 BP 25M 250. DATE REC'D. 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (S))

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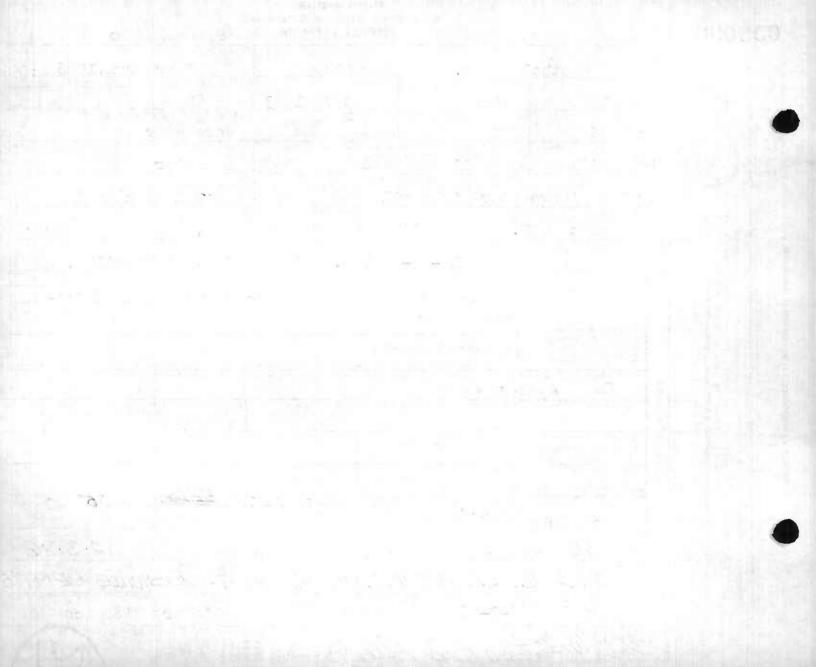
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	1. DE		FIRST	A	AIDDLE		L	AST		2a. DAT	E OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
0 0 0 0	(TYPE	OR PRINT) Kath	arin	e			Sc	chwartz		-		1_3	1-86		12:	20P
moy be poge 3	3. SEX			4. RACE			5. DATE C			6. AGE	(IN YEARS LAST B		IF UNDER	RIYEAR	# UNDER	24 HRS
ttor,		Female		whit	0		MONTH 2-	15-03	YEAR		82	VDC	MONTHS	DAYS	HOURS	MIN.
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oth.	B	altimore		USA			MARRIE	NEVER M	ORCED		MC	rcest	er			MD.
fun de fun		TY OR TOWN OF DEATH		11. NAME OF H	HOSPITAL,		G HOME C				JAL OCCUPAT	ION	12b.	KIND OF	BUSINE	
201 rs offe by the filed w		Berlin		(IF NOT IN SUC	rlin	VE STREET A	sina E	Home .			work for most Bank Te		LIFE) IND	USTRY		
212 212 hours hours be fi	USU	AL RESIDENCE (IF NURSING	HOME OR	OTHER INSTITUTION.		CE BEFORE	ADMISSION)	13d. INSIDE CIT	TV 1 IAA IT C2		EET ADDRESS					
ALTIMORE, MARYLAND 21201 the be executed within 24 hours in the pers. Pages 1 and 2 should be file all. the medical examiner must bage the most persecutive to the most persecutive to the persecutive to the most persecutive to the most persecutive to the most persecutive to the	130.	N 4000		ester			City		NO [801 At	lanti	c av	e.	218	142
RYLA within within within	14. FA	THER'S NAME		AIDDLE		AST		15. MOTHER'S			MIDDLE			LAST		
AAM Balder Sage)	FIRST	Ŷ	WIDDLE		MOI			IRST		MIDDLE		Le	ach		
RE, or licol		VAS DECEASED EVER IN		MED FORCES?	16b. SOCIA	AL SECU	RITY NO.	17 INFORMAN	11		ADDI	RESS 29	21 E	dgew	ood	Ave
IMOR n ono Poge	(No No	IF 1ES, GIVE	WAR OR DATES	215	-24-	-3597	Anne	ette De	ealor	nd	Ва	lto.	, Md		-14
ALT te k icio pers al. the		18. CAUSE OF DEATH	Enter onl	y one couse per	line for joi	b), one	1(0).)	-	-		7		В	APPROXIA BETWEEN O	NATE INTER	DEATH
	8	PART I. DEATH WAS		D BY: E CAUSE (a)	1-1	10	UFE	ul								
Z(B) 18 8 8				DUE TO, OI	R AS A CO	EQUE	NCE OF									
ES Con De son De	14	Canditions, if ony, w		(b)	10	13	UB	2						-		
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to the part of the		underlying cause		(c)		1	17	~								
S, 2 uires en p en p ouy.	z	PART 2. OTHER SIGNIF	ICANTC	ONDITIONS <u>CC</u>	<u>ONTRIBUTI</u>	NG TO E	EATH BUT	NOT RELATED	TO THE TERM	VINAL DIS	EASE OR CO	NDITION G	IVEN IN P	'ART Ha		
DIVISION OF VITAL RECORD NG PHYSICIAN. The law-req of the deal physician. When this centificate has been a as the bosoli transit permit. The this and Meetral Hygiene prium it of the deal thin III shows prium it of the deal thin III shows prium it of the deal thin III shows prium it.	CERTIFICATION	19a DATE OF OPERATIO	N	119h COND	TION FOR	WHICH	OPERATIO	N WAS PERFOR	MED	20a /	AUTOPSY?	20b. IF Y	ES. WERE	FINDIN	GS LISET	0
4 9 1119	FIC	DATE OF OPERATIO		176. COMB	TIO. TOK	***************************************	OI ERITIO			YES		IN CERT	IFYING C			H?
A 40 40 44	ERT	21g. ACCIDENT WAS UNDERL	LYING [21b. TIME O	FINJURY			21c. HOW INJ	URY OCCUR		ER NATURE OF INJ			PART 2)	140	J
A STATE OF		OR CONTRIBUTING CAU		in in	M. MON	TH DA										
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Also the state of	¥.	WHILE NOT WHILE		(AT HOME, STR	REET, FACTORY,	OFFICE, F	ARM, ETC)	STREET			CITY OR T	OWN	COL	UNTY	S	STATE
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A PAGE A STATE OF THE STATE OF		saw the deceased above. () (we) (did					5 . al	nd that in (my) (aur) apinion	death ac	curred on the	date and ho	our and fr	am the c	auses sta	ated
OR AT DIRECT DIRECT Dept. of Rem.	1.3	22b. SIGN ATTIRE) (did not	view the body	after death	١.		DEGREE						c. DATE S		
		m	2	- /-	7	-			TENDING HYSICIAN	MEDIO	TOR PHYS	CIAN [-	2-1.	· Y6	
HOSPITAL med by the FUNERAL UID be derived to the Store ORTANT.	3	22d. PHYSICIAN'S NAM	E (TYPE O	R PRINT)				220. ADDRESS		- Onte	.0.3	CIAIT L			, 6	-
	13	Dr. Te	deri	co Arth	es, M	D		3 B	ay Str	eet.	Berli	n MD	2181	11		
of of with MA	23a. E	BURIAL, CREMATION, RE	MOVAL	23b. DATE		23c. N	AME OF C	EMETERY OR C			OCATION					
BP		Removal		1/31	/86	1					CITY OR TOWN		COUNT			STATE
DHMH - 16 50M 4/B2	24 FI	JNERAL DIRECTOR				DDRESS	PEU		25a. DAT	E REC'D.	BY REGISTRA	R 250 REGI	STRAR'S	SIGNATI	RE	2
(VRA 15, 4)			omy	Board	Al	DOME 22	Balto	o., Md.	FE	R F	3 1986	-1	varido	on-No	nt form as	



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STATE OF MARYLAND

(VR A 15 (4))



injury, ar other troumotic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

	REGISTRAR						REG. N	O.		
	EASED NAME	FIRST	٨	AIDDLE	Wife !	LAST	20. DATE OF DEATH	HTHOM	DAY YEAR	2b. HOUR
(1112	SK FRINTY	Jearl	ena		Tay	lor	Feb.11,1	986		2:25 1
3 SEX		8 4	RACE		5. DATE (6. AGE IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
F	emale	E	Black		Jul		46	YRS.		
7a BIR	THPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	= 1,50
	Virginia		USA		WIDOW		Worceste	r		M
10. CIT	Y OR TOWN OF DEA	TH 1		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
Po	comoke	10	Home	M FACILITY, GIVE SIREE	: (ADDRESS)		Domestic	AT VYORKIINO E		e wife
USUA 130. S	L RESIDENCE (IF NURSI	13b, COUNT		13 CITY OR TO	WN OKE	13d. INSIDE CITY LIMITS? YES MO	130. STREET ADDRESS 2n	d.St	reet	15/
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
	Hezikia	h F	etche	r LAST		FIRST Ma	ttie Laws		LA.	51
	AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS		
{Y	ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	228-48-	-5702	Charles Tay	lor-902 2	nd.S	tPoc	omoke, l
CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	ediote g the lost.	DUE TO, OF DUE TO, OF CO DODITIONS CO THE CONDITIONS	TION FOR WHIC	UENCE OF	Paths logic TNOT RELATED TO THE TERM	Fraction AINAL DISEASE OR CON 200. AUTOPSY? YES \(\) NO \(\)	20b. IF YE	VEN IN PART 1	NGS USED
CAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ILE 🗀	21e. PLACE (OF INJURY EET, FACTORY, OFFICE	FARM ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (I)	(this hospito	l) ottended the			, 19	, to			that (I) (we) las
	sow the decease above, (I) (we) (d	d olive on_	view the body	ofter death.	, 0	nd that in (my) (our) opinion	death occurred on the d	ate and ha	ur and from the	couses stated
	226. SIGNATURE	een c	1 /06	Baldu	do	DEGREE ATTENDING PHYSICIAN	MEDICAL STA			3-86
	22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e. ADDRESS	17.			
							sbury, rid.			
	URIAL, CREMATION, BURIA		23b. DATE 2-16-	~ /		Baptist	Mapps vil	le A	ccomac	k, Varate

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

G. Wharton-Accomac, Va. 23301

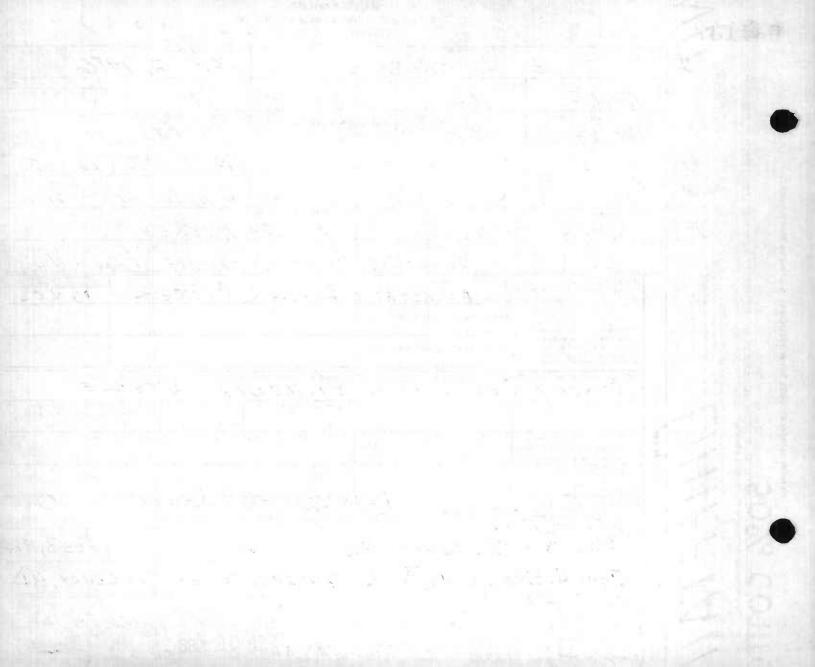
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
FEB 27 1986 Fullia Davidson Andree

Bestern bes 1500 NO NOTO COLORO DE LO DE DESCRIPCIONES DE PROPERTOR

Managedoora office at the contract to the land

HER 27 BBS FLANDERS, VI. LOND. OF BER 27 BBS FLANDERS

STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 CERTIFICATE OF DEATH

6

045044	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 0 6	4 5 4		
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26. HOUR		
Page 4 may be director, page 3 hours after death		Andrey		Wiegand Jr		6 86 6:00AM		
Her p	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER 1 YEAR IF UNDER 24 HRS		
ge 4		Male	White	12 3 23	62 yrs.			
deorn. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY U.S.A.	7? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED				
offer the fi	120	cean City	13520 HOLLY I	ing home or other institution ane (Home)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Balto City		
in 24 h			n Other institution, give residence BEFI NTY hester Ocean	1203 110	136. STREET ADDRESS 13520 Holly Lane			
completel) FA	ATHER'S NAME Andrew		and Sr Ida	MIDDLE	Hadaway		
Poges P		VAS DECEASED EVER IN U.S. AR			ADDRESS			
	,	YES NO OR UNKNOWN) (IF YES, GI	WII 218-18	-9082 Clara Rose	e Wiegand Same as	13e		
physicio npopers. maval.		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a) (b), (c) BY:	and (ci.)	2)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	MEDICAL CERTIFICATION		TE CAUSE (o)	udles lege	how	mind		
not the death cer by the offending se remove corbo , cremotion, or re ather troumotic e		Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF (b) 3 UESSEE (b) 3 UESSEE (c) Conditions of the control o						
that the day the day the case reason, crein or athe		couse (a), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) (c) (c)						
en signe Then pl or to burn		Seel	no Enge	DEATH BUT NOT RELATED TO THE TER		C17		
he low re on. hos beer t permit. iene prior		19a. DATE OF OPERATION	196. CONDITION EOR WHIC	TH OPERATION WAS PERFORMED	20a AUTÓPSY? 20b. IF YÉS, Y IN CERTIFYI YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?		
PHYSICIAN: The trending physician transition of the buriol-transit and Mental Hygies and Mental Baha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2}		
		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	21f. LOCATION	CITY OR FOWN	COUNTY STATE		
attenbing spital ar a CTOR: Afte 1 for use os . af Health			ital) attended the deceased from		death accurred on the date and hour o	, that (I) (we) lost		
о ш 0 + с	0 m 0 ÷ € 100 C10 (14 T110 C							
by the h by the h ERAL DIRI e detoche Stote Dep			AL-	ATTENDING PHYSICIAM	MEDICAL STAFF DIRECTOR DHYSICIAN	11c/or		
TO HOSPITAL retained by th TO FUNERAL should be det with the Stote IMPORTANT:		John Green	MD		nincy Sts, Salisbur	ry Md 21801		
	23a E	BURIAL, CREMATION, REMOVAL	1 1	NAME OF CEMETERY OR CREMATORY		COUNTY STATE		
BP		Burial		Glen Haven Mem Parl		A.A. Md		
DHMH - 16 50M 4/82 (VRA 15, 4)	24 G	eorge J. Gonce	4001 Ritchies	Hgwy Balto Md	EB 1 1 1986	AR'S SIGNATURE		

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066157	- STATE REGISTRAR	DEI AKI	CERTIFICATE OF DEATH	8 6 0 0 4 0 7					
ALC: NO RES	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
noy be poge 3	EDGA	R LEE	WILKERSON	February 12, 1986 M					
mo)	3. SEX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
Drs of or	male	white	Dec. 2, 1914	71 YRS.					
2 2 2 de	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
dec. thin 72	Virginia	USA	WIDOWED DIVORCED	Worcester MD.					
The training of training of the training of training o	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) retired Farmer					
file o	Pocomoke								
D 21	13a. STATE 13b COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOW	VN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS. 21851					
N COL		cester Pocomo		Route #2, Box 370					
A S S S S	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE					
A B MAN	William 160 WAS DECEASED EVER IN U.S. A	E. Wilke		Taylor					
BALTIMORE, MARYLAND color to executed within 24 specials and considerly filler agen. Pages 1 and 24 selling to the medical expression and	(YES, NO OR UNKNOWN) IF YES, (GIVE WAR OR DATES)		ADDRESS Route #2, Box 370					
A 55 A	no	215-36-		TIRCI BOIL LOCOMORE CITY. MG					
	PART I. DEATH WAS CAUS			A DELIGIO					
IS 7	IMMEDI	ATE CAUSE (8)	Q.	0.11110					
OTS OF THE PROPERTY OF THE PRO	DUE TO, OR AS A DENSEQUENCE OF								
PR (PR)	gove rise to immediate couse (a), stating the	gove rise to immediate							
N N	underlying couse lost.	nderlying couse lost.							
ined ined y, or y, or	PART 2. OTHER SIGNIFICANT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
RDS,	NO N								
NG PHYSICIAN: The low requires that metallicent oftending physicion. After this certificate has been signed intermediate of the buriel-troops permit. Then plee that went had mental thygiene prior to burial certifications as the buriel show and Mental Hygiene prior to burial certification.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES						
TAL RE lo cion.	RTIE			YES NO YES NO					
DE VITAL CIAN: The physicion rificote h pol-tronsit to l Hygier m-18 sho	OR CONTRIBUTION CALIFFORD		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)					
ON OF HYSICIA ding pt dung pt buriol-th Mentol	(IF EITHER, NOTIFY MEDICAL EXAMIN	IER) P.M.	19						
VISION G PHY ortends the bu ond M ked ox	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	21f. LOCATION STREET	CITY OR TOWN COUNTY STATE					
	AT WORK AT WORK	1 1	7	11/19/85					
	22a. I certify that (I) (this has	pital) attended the deceased from	ond that in (my) (port opinion	death occurred on the date and hour and from the causes stated					
c hospitol DIRECTOR: sched for us Dept of Hem 21 is	obove, (I) (we) (ald) (did i	on 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	220. DATE SIGNED					
toche Per	THE SIGNATURE	1 MC	ATTENDING	MEDICAL STAFF					
PITA by by ERA Stort	22d. PHYSICHAN'S NAME (TYPE	ORPRINI	PHYSICIAN [DIRECTOR PHYSICIAN					
TO HOSPITAL of retained by the TO FUNERAL Established by with the Stote Elimphone To Funeral Figure 1 and 100 from 1 and									
Of of ₹	23e. BURIAL, CREMATION, REMOVA	1 236. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION					
BP	Burial			CITY OR TOWN COUNTY STATE					
DHMH-16 30M 2/80	24 FUNERAL DIRECTOR		From Pa	Cem. Pocomoke Worcester Md.					
(VRA 15, 4)	Swiff Mels	ADDRESS POCOMO	ke City Ma	= 1300 grade Deviden-Andelle					

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